

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101005642

FILING DATE

1-30-04 11-26-04

CLAIMS

NO.	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/	/		
2	/	/		
3	/	/		
4	/	/		
5	/	/		
6	/	/		
7	/	/		
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TOTAL IND.	2	0	2	0
TOTAL DEP.	9	0	3	0
TOTAL CLAIMS	11	0	5	0

NO.	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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99				
100				
TOTAL IND.	0	0	0	0
TOTAL DEP.	0	0	0	0
TOTAL CLAIMS	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS